## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **Reid Hospital & Health Care Services**

City: Richmond County: Wayne Year: 2003

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	8	54	273	\$4,547
ICU Med/Surg	10	409	3,283	\$6,951
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	132	8,030	37,339	\$2,518
Neonatal Intermed	0	0	0	\$0
Obstetrics	16	944	2,347	\$1,499
Pediatric	17	744	2,915	\$2,315

Psychiatric	20	284	2,600	\$9
Rehabilitation	13	742	2,675	\$1,957
Substance Abuse	17	323	4,280	\$6,884
Swing Beds	NA	20	284	\$14
Other Services	0	2,580	2,793	NA
Acute Subtotal	233	14,130	58,789	NA
Normal Newborn	22	779	1,731	\$1,221

II. Outpatient Visits					
Circulatory System	7,530	Digestive System	5,830		
Endocrine System	6,067	Injuries and Poison	15,243		
Mental Disorder	2,240	Musculoskeletal	13,096		
Neoplasms	6,610	Nervous	4,432		
Respiratory	12,054	Urinary	9,640		
Other/Unknown	35,145	Total Visits	117,887		
Number of Visits to Eme	45,219				
Percent of Emergency Department Visits of Total Visits			38.4%		

## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	Y - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	Y - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure NR =		Not reported

**Health Care Regulatory Services** 

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